



Received & Inspected

JUN 29 2015

FCC Mail Room

GVNW CONSULTING, INC.

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COLORADO SPRINGS, CO  
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FAX 719.594.5803  
[www.gvnw.com](http://www.gvnw.com)

June 25, 2015

**REDACTED – FOR PUBLIC INSPECTION**

*VIA UPS and ECFS*

Marlene H. Dortch, Secretary  
Federal Communication Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, 14-58, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, and requesting Confidential treatment for financial information pursuant to sections 0.457 and 0.459 of the Commission's rules. Before the Federal Communications Commission. Form 481 – Carrier Annual Reporting Data Collection, 2015. WC 14-58, 11-42

Dear Ms. Dortch:

On behalf of Northeast Louisiana Telephone, Inc. ("NE Louisiana"), GVNW Consulting, Inc. hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" information pursuant to sections 54.313 and 54.422 of the Commission's rules, as filed with the Universal Service Administrative Company. A copy is also being submitted to the Louisiana Public Regulatory Commission.

NE Louisiana requests confidential treatment under the Protective Order adopted in this proceeding for the section 54.313(f)(2) financial information included in this report on the grounds that it is competitively sensitive information that is secure from public access and this information should not be released publicly for inspection as it could be used to disadvantage or harm NE Louisiana. In addition, NE Louisiana is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission's rules for the Five-Year Build-Out Plan Progress Report and Map that is required by section 54.313(a)(1) to be attached to this report.

In accordance with the Protective Order, two redacted copies marked "REDACTED – FOR PUBLIC INSPECTION" and one non redacted confidential version marked "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION" are being filed with the Commission. A redacted copy has also been filed via the Electronic Comment Filing System.

If you have any questions, please contact me at [jushio@gvnw.com](mailto:jushio@gvnw.com) or 719-594-5814.

Sincerely,

/s/ Judi Ushio

Judi Ushio  
Midwest Division Manager

No. of Copies rec'd 0+1  
List ABCDE

cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division  
(two copies, confidential)

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FCC Mail Room

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 112**

**ATTACHMENT REDACTED IN ITS ENTIRETY**

|   |   |
|---|---|
| <b>FCC Form 481 - Carrier Annual Reporting Data Collection Form</b> | FCC Form 481<br>OMB Control No. 3060-0986 / OMB Control No. 3060-0819<br>May 2013 |
|---|---|

|  |                     |
|--|---------------------|
| <010> Study Area Code  | 270435              |
| <015> Study Area Name  | NORTHEAST LOUISIANA |
| <020> Program Year   | 2016                |
| <030> Contact Name: Person USAC should contact with questions about this data      | Judi Ushio          |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 7195945814 ext.     |
| <039> Contact Email Address: Email of the person identified in data line <030>     | jushio@gvnm.com     |

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| ANNUAL REPORTING FOR ALL CARRIERS   |  | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|---|--|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice)  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> -- check box if no outages to report  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice)  | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice)  | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband)  | <input type="text" value="0"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband)  | <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice)  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed   | <input type="text" value="0.0"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile  | <input type="text" value="0.0"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)  |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed   | <input type="text" value="0.0"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> Mobile  | <input type="text" value="0.0"/>   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance  | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>2704351a510.pdf                        | (attach descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations   | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>2704351a610.pdf                        | (attach descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband)   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>                               | (if yes, complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability Certification  | Yes <input type="text" value=""/>  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>2704351a1010.pdf                      | (attach descriptive document)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Certify whether terrestrial backhaul options exist (Yes <input checked="" type="radio"/> <input type="radio"/> ) | (if not, check to indicate certification)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <1110>  | (complete attached worksheet)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers   | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet</b>                                      |  |                                     |                                     |
| <2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers                              | (check to indicate certification)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <2005>  | (complete attached worksheet)  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>                                       |  |                                     |                                     |
| <3000>  | (check to indicate certification)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005>  | (complete attached worksheet)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |



**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |   |
|-------|---|---|
| <010> | Study Area Code   | 270435  |
| <015> | Study Area Name   | NORTHEAST LOUISIANA   |
| <020> | Program Year  | 2016  |
| <030> | Contact Name - Person USAC should contact regarding this data   | Judi Ushio  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                                 | 7195945814 ext.   |
| <039> | Contact Email Address - Email Address of person identified in data line <030>                             | jushio@gvnw.com   |
| <110> | Has your company received its ETC certification from the FCC?   | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

270435la112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service
- <116> How much (USF) was used to improve service coverage and how support was used to improve service
- <117> How much (USF) was used to improve service capacity and how support was used to improve service
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

|                |
|----------------|
| Yes            |
| Yes            |
| Yes            |
| Yes            |
| Yes            |
| Not Applicable |





|       |   |                     |
|-------|---|---------------------|
| <010> | Study Area Code   | 270435              |
| <015> | Study Area Name   | NORTHEAST LOUISIANA |
| <020> | Program Year  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jushio@gvnw.com     |

See attached worksheet







|  |  |
|--|--|
| <b>(900) Tribal Lands Reporting Data Collection Form</b> | FGC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 270435              |
| <015> Study Area Name   | NORTHEAST LOUISIANA |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jushio@gvnm.com     |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to:

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not |
|-------------------------------|
|                               |
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|                               |

|  |  |   |
|--|--|---|
| (1100) No Terrestrial Backhaul Reporting |  | FCC Form 481  |
| Data Collection Form                     |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  |  | July 2013   |

|       |   |                     |
|-------|---|---------------------|
| <010> | Study Area Code   | 270435              |
| <015> | Study Area Name   | NORTHEAST LOUISIANA |
| <020> | Program Year  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jushio@gvaw.com     |

Please confirm whether terrestrial backhaul options exist within the supported area

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 khns

|   |   |
|---|---|
| (1200) Terms and Condition for Lifeline Customers | FCC Form 481  |
| Lifeline  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Collection Form                              | July 2013   |

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 270435              |
| <015> Study Area Name   | NORTHEAST LOUISIANA |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jushio@gvnw.com     |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

2704351a1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to 8 54.422(a)(2) annual reporting for ETCs receiving low-income support carriers

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒



|  |  |
|--|--|
| <b>(2000) Price Cap Carrier Additional Documentation</b><br><b>Data Collection Form</b><br><i>Including Rate of Return Carriers affiliated with Price Cap Local Exchange Carriers.</i> | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|                    |   |                        |
|--------------------|---|------------------------|
| <b>&lt;010&gt;</b> | Study Area Code   | 270433                 |
| <b>&lt;015&gt;</b> | Study Area Name   | NORTHEAST LOUISIANA    |
| <b>&lt;020&gt;</b> | Program Year  | 2016                   |
| <b>&lt;030&gt;</b> | Contact Name - Person USAC should contact regarding this data                 | JUDITH DASHLE          |
| <b>&lt;035&gt;</b> | Contact Telephone Number - Number of person identified in data line <030>     | 7133943814 ext.        |
| <b>&lt;039&gt;</b> | Contact Email Address - Email Address of person identified in data line <030> | judithdashle@gmail.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010>** 2nd Year Certification (47 CFR § 54.313(b)(1)i)  
**<2011a>** 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  
**<2011b>** Attachment (47 CFR § 54.313(b))

Name of Attached Document(s) Listing Required

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012>** 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
**<2013>** 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
**<2014>** 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
**<2015>** 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016>** Certification Support Used to Build Broadband

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017>** 3rd year Broadband Service Certification  
**<2018>** 5th year Broadband Service Certification  
**<2019>** Interim Progress Certification

- <2020>** Please check the box to confirm that the attached document(s), on line contains the required information to § 54.313 (e)(3)(iii) as a recipient of CAF Phase II support shall provide the number, addresses of community anchor institutions to which began providing access to broadband service preceding calendar

- <2021>** Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required

|  |  |
|--|--|
| (3000) Rate Of Return Carrier Additional Documentation<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--|--|

|   |                     |
|---|---------------------|
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| <015> Study Area Name   | NORTHEAST LOUISIANA |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jushio@gvnc.com     |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

2704351a3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s) on line 3012 contains the required information § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to providing access to broadband service in the preceding calendar year which began

☒

2704351a3012.pdf

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☐

(Yes/No) ☒ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2)

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☒

2704351a3017.pdf

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(Yes/No) ☐ ☐

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☐

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

☐

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash

☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

|  |  |   |
|--|--|---|
| (3000) Rate Of Return Carrier Additional Documentation (Continued) |  | FCC Form 481  |
| Data Collection Form:  |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  |  | July 2013   |

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|-------|---|---------------------|
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| <015> | Study Area Name   | NORTHEAST LOUISIANA |
| <020> | Program Year  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jushio@gvw.com      |

Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

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Name of Attached Document Listing Required Information



|   |  |
|---|--|
| Certification - Reporting Carrier<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 270435              |
| <015> Study Area Name   | NORTHEAST LOUISIANA |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jushio@gvzw.com     |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

|   |   |
|---|---|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients  |   |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |
| Name of Reporting Carrier: NORTHEAST LOUISIANA  |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 06/16/2015                           |
| Printed name of Authorized Officer: Mike George   |   |
| Title or position of Authorized Officer: President  |   |
| Telephone number of Authorized Officer: 3188747011 ext.   |   |
| Study Area Code of Reporting Carrier: 270435  | Filing Due Date for this form: 07/01/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

|   |  |
|---|--|
| Certification - Agent / Carrier<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|   |                     |
|---|---------------------|
| <010> Study Area Code   | 270435              |
| <015> Study Area Name   | NORTHEAST LOUISIANA |
| <020> Program Year  | 2016                |
| <030> Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7195945814 ext.     |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jushio@gvzw.com     |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                      |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____  |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Signature of Authorized Officer: _____   | Date: _____                          |
| Printed name of Authorized Officer: _____  |                                      |
| Title or position of Authorized Officer: _____   |                                      |
| Telephone number of Authorized Officer: _____  |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                      |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Name of Authorized Agent or Employee of Agent: _____   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____  | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____   |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____  |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____   |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

## Attachments



REDACTED-FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                     |
|-------|---|---------------------|
| <010> | Study Area Code   | 270435              |
| <015> | Study Area Name   | NORTHEAST LOUISIANA |
| <020> | Program Year  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7196504008 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jushio@gva.com      |

|       |  |          |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2015 |
| <702> | Single State-wide Residential Local Service Charge |          |

<703>

[illegible]

REDACTED-FOR PUBLIC INSPECTION

(710) Broadband Price Offerings Data Collection Form FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                     |
|-------|---|---------------------|
| <010> | Study Area Code   | 270435              |
| <015> | Study Area Name   | NORTHEAST LOUISIANA |
| <020> | Program Year  | 2016                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Judi Ushio          |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7196504008 ext.     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jushio@gvmw.com     |

[illegible]

REDACTED-FOR PUBLIC INSPECTION

(800) Operating Companies  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |                 |        |
|-------|-----------------|--------|
| <010> | Study Area Code | 270435 |
|-------|-----------------|--------|

|       |                 |                     |
|-------|-----------------|---------------------|
| <015> | Study Area Name | NORTHEAST LOUISIANA |
|-------|-----------------|---------------------|

|       |              |      |
|-------|--------------|------|
| <020> | Program Year | 2016 |
|-------|--------------|------|

|       |   |            |
|-------|---|------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Judi Ushio |
|-------|---|------------|

|       |   |                 |
|-------|---|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7196504008 ext. |
|-------|---|-----------------|

|       |   |                 |
|-------|---|-----------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jushio@gvnw.com |
|-------|---|-----------------|

<810> Reporting Carrier Northeast Louisiana Telephone Company

|       |                 |                   |
|-------|-----------------|-------------------|
| <811> | Holding Company | HNG Holdings, LLC |
|-------|-----------------|-------------------|

|       |                   |                                       |
|-------|-------------------|---------------------------------------|
| <812> | Operating Company | Northeast Louisiana Telephone Company |
|-------|-------------------|---------------------------------------|

|       |      |      |      |
|-------|------|------|------|
| <813> | <a1> | <a2> | <a3> |
|-------|------|------|------|

## Affiliates

**SAC**

### Doing Business As Company or Brand Designation

Northeast Telephone Services, Inc.

Northeast Tel



## 2015

## PROGRESS REPORT ON QUALITY IMPROVEMENT PLAN

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2704351a112

**Northeast Louisiana Telephone Company, Inc.**

[REDACTED]

[REDACTED]

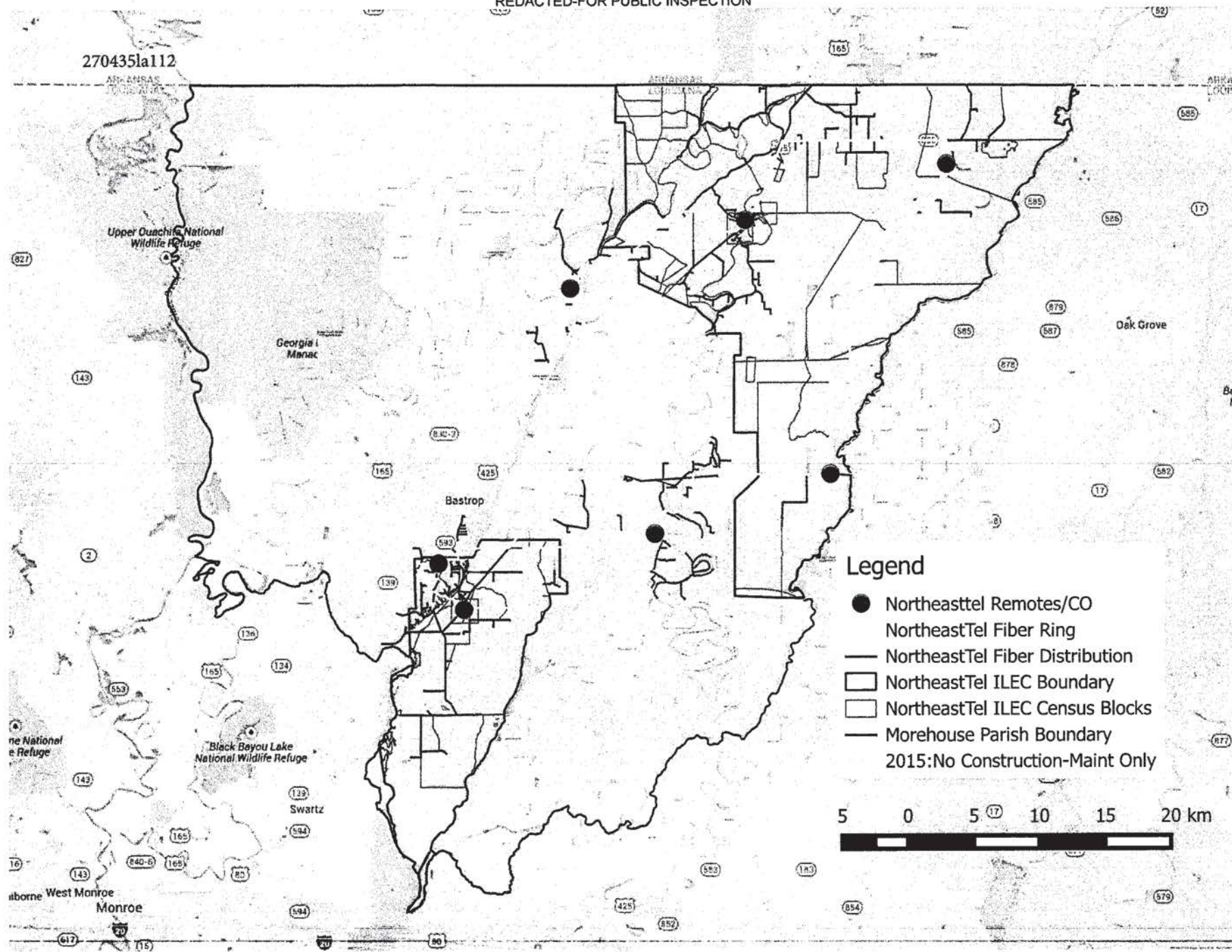
[REDACTED]

[REDACTED]

## AS OF 2015 ANNUAL REPORT SUBMISSION - JULY 1, 2015

|       |                     |          |
|-------|---------------------|----------|
| NOTES | 2015 TOTAL PROJECTS | \$55,000 |
|-------|---------------------|----------|

v2





270435LA510

BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

**Northeast Louisiana Telephone Company, Inc.**

**Study Area Code 270435**

**Response to Line 510 - Service Quality Standards and Consumer Protection Rules**

**Compliance - Voice and Broadband**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."<sup>4</sup>

Northeast Louisiana Telephone Company, Inc. ("Company") hereby certifies that its voice service, and broadband service where regulated by these laws, complies with applicable service quality standards and consumer protection rules under Louisiana state law and federal law. These provisions include, but are not limited to, the following: **1) Customer Service Regulations for**

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<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.